

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Firmin DesLoge Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 wks.  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Flossie Gertrude McIntosh  
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Thomas McIntosh 6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased May 8, 1895  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
46 8 8 hr. min.

9. Birthplace Benton, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Eli Overturf  
13. Birthplace Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Mallory  
15. Birthplace Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Grace Fitzgerald  
(b) Address 45 Hartnett Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Jay B. Smith  
(b) Address 7456 Manchester

19. (a) 1-19-1942 (b) J. P. Budick  
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.  
(c) City or town Brentwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8776 Brentwood  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16  
year 1942 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from 10-2-41  
19  , to 1-16-42 19    
that I last saw him alive on 1-16-42 19    
and that death occurred on the date and hour stated above.

Immediate cause of death Wernia  
Due to Pepperemisin  
Due to chronic hepatitis?  
Other conditions Chronic  
(Include pregnancy within 3 months of death)  
Major findings: Of operations 131  
Of autopsy 131

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury OTMD  
23. Signature R. O. Mether (M. D. or other)  
Address 8720 Washington Date signed 1/17/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.